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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/775,780
	Filing Date	February 10, 2004
	First Named Inventor	Karen Hulkower
	Art Unit	1641
	Examiner Name	Venci, David J.
Total Number of Pages in This Submission	Attorney Docket Number	06244.00002

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Certificate of Mailing by Express Mail Request for Withdrawal as Attorney or Agent				
<table border="1"><tr><td>Remarks</td><td>Being filed via Express Mail No. EV363911182US</td></tr><tr><td colspan="2">Applicant believes no fees are due. However, the commissioner is authorized to charge any fees that may be due to our Deposit Account No. 19-0733. A duplicate of this sheet is enclosed.</td></tr></table>			Remarks	Being filed via Express Mail No. EV363911182US	Applicant believes no fees are due. However, the commissioner is authorized to charge any fees that may be due to our Deposit Account No. 19-0733. A duplicate of this sheet is enclosed.	
Remarks	Being filed via Express Mail No. EV363911182US					
Applicant believes no fees are due. However, the commissioner is authorized to charge any fees that may be due to our Deposit Account No. 19-0733. A duplicate of this sheet is enclosed.						

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert H. Resis Reg. No. 32,168
Signature	
Date	October 21, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
and CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/775,780
Filing Date	February 10, 2004
First Named Inventor	Keren Hulkower
Art Unit	1641
Examiner Name	Venci, David J
Attorney Docket Number	06244.00002

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registrations numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **22908**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The client has requested that Banner & Witcoff withdraw from representing them.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Jane Massey Licata, Licata & Tyrell				
Address	66 E. Main Street				
Address					
City	Marlton	State	NJ	ZIP	08053
Country	USA				
Telephone	856-810-1515	Fax			
Name	Robert H. Resis				
Signature			Registration No.	32,168	
Date	October 21, 2004		Telephone No.	(312) 463-5000	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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CERTIFICATE OF MAILING

Express Mail No. EV363911182US

Deposited October 21, 2004

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By: _____

A handwritten signature in black ink, consisting of a stylized 'R' or 'B' shape, written over a horizontal line.

In re Appln. Of Hulkower

Appln. No. 10/775,780

Attorney Docket: 06244.00002

Title: Method and Apparatus for Detecting An Analyte

- 1 Transmittal Form (in duplicate)
- 1 Request for Withdrawal (in duplicate)
- 1 Return Postcard